

Michigan Association of COMMUNITY MENTAL HEALTH

Boards

Written Testimony for the Senate Government Operations Committee Tuesday, July 30, 2013

Chairman Richardville and Members of the Committee:

My name is Michael Vizena, director of the Michigan Association of Community Mental Health Boards, representing the 46 community mental health boards and 75 provider organizations which deliver mental health, substance use disorder, and developmental disabilities services across the entire state.

On behalf of our members, I want to thank Senator Kahn and the members of the healthcare reform workgroup for their efforts in working on this critical issue. We view the Senate Substitute for House Bill 4714 as an important opportunity in ensuring access to health care, and especially behavioral health care, for 450,000 working adults.

Since the Newtown, Connecticut tragedy, mental health services have received a much-needed focus in policy and budget discussions at both the state and federal levels. In our estimation the best way to provide increased support for mental health services, remove barriers to accessing quality mental health services, and provide more uniform mental health services statewide is to expand Medicaid. Medicaid expansion will provide better access to behavioral care and save the state money.

Improve Access to Care

Cuts to general fund support for mental health and substance use disorder services over the past decade have resulted in a lack of access, reduction of services, and creation of waiting lists for persons without Medicaid. As a result, persons with serious mental health issues that are not life threatening are turned away from care or put on waiting lists. Persons with emerging mental health and substance use disorders are not seen for care, and instead end up in emergency room and hospital settings, law enforcement and criminal justice proceedings, and in some cases, homeless on the street. These are settings where they do not belong, and settings which are not equipped to provide the types of mental health and substance use disorder services they need.

If you want many of these individuals out of these settings and instead in community based mental health and substance use disorder services with providers trained to address their problems more effectively and more efficiently, approve the healthcare reform initiatives as detailed in the Senate version of HB 4714, and expand Medicaid.

Saves State Resources

As in the case of physical illnesses, prevention and early intervention treatment for behavioral health disorders is the most cost effective care. Recovery from mental health and substance use disorders is possible when there are adequate resources to support such recovery. This legislation will provide such resources for 450,000 Michigan citizens. Studies indicate that 20%, one in five of us, will experience a mental health problem. Combined with the incidence of

substance use disorders, the percentage of persons needing behavioral health services is even higher.

It costs 20 times more to treat an emergent/urgent behavioral health care case than a less severe, more preventative case. The state government is obligated under the Mental Health code to provide emergency mental health services. The average cost to provide emergency mental health services to an adult in 2009 was \$13,037 compared to \$626 spent on adults with moderate early intervention conditions (2010 Anderson Economic Group Study). Additionally, it is estimated that better access to mental health services would provide an annual savings of between \$5-8 million due to fewer numbers of persons with mental illness in jail or prison (2010 Anderson Economic Group Study).

Finally, our members welcome the opportunity to continue their partnership with this administration to implement the legislation as proposed and work with current and future Medicaid eligible beneficiaries to improve their healthcare outcomes and lower the state's overall healthcare costs for all of its citizens.

Thank you for the opportunity to provide written testimony.

Respectfully submitted,

Michael W. Vingina